

Elizabeth Brashear

Town

County

Died at

Mago Anne Crundel

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 6

Age

28

Md

Housewifery

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Benjamin Brashears

James Yarnes

Sarah Cole

Cause of

Primary

Hodgkins disease

How long sick

2 yrs

Death

Immediate

Pernicious anemia

~~Accident, Suicide, Homicide~~

Reported by

John Callison

Address

South River Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Annapolis* ^{Town} *Anne* ^{County} *Brundel* MARYLAND

Date 19*02* ^{Month} *Mar* ^{Day} *29* | Age *- - 2* | Native of *Ind* | Occupation *-*

~~Male~~ ^{Female} | ~~White~~ ^{Colored} | ~~Married~~ ^{Single} | ~~Widow~~ ^{Widower} | Divorced | Number of children living *✓*

Husband
of
Wife

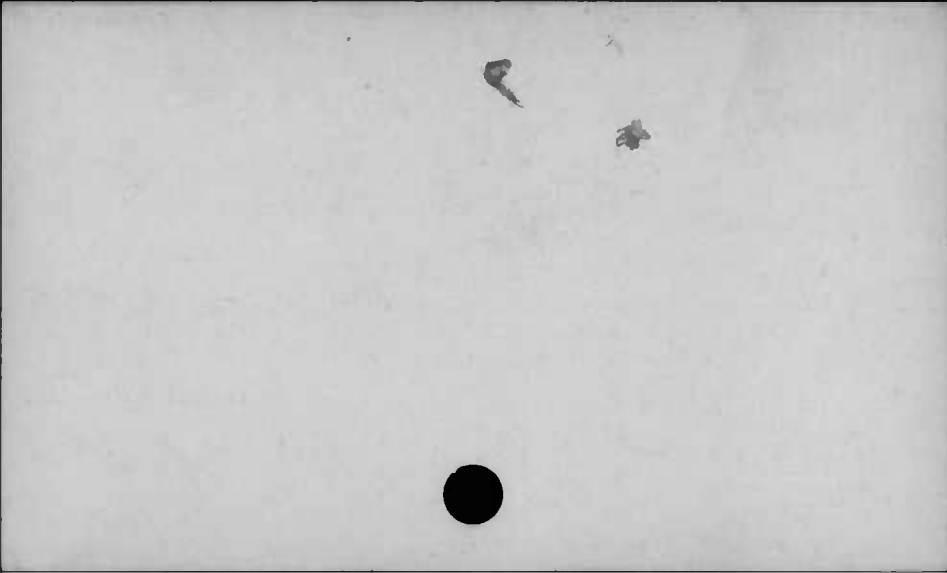
Father's Name *John Brown* | Mother's Maiden Name *Martha Luckins*

Cause of Death { Primary *Premature birth* | Immediate *Asphyxia* } | How long sick *-* | ~~Accident, Suicide, Homicide~~

Reported by *Samuel S. Hephner M.D.*

Address *Annapolis Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John V. Burwell

Died at Camp Parole Town At County At MARYLAND

Date 19 02 Mar 21 Year 59 Age 59 Native of Ind Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of
Wife

Father's Name John Burwell Mother's Maiden Name Nancy Shew

Cause of Death { Primary Pneumonia Immediate Exhaustion How long sick Eight days Accidant, Sulcide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Eugenia Collison

Town

County

Died at *Mays Anne Arundel*

MARYLAND

Date 19*02* *March* *2* | Age *56* *7* *12* | Native of *Md.* | Occupation *Housewife*
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living *10*

Husband of *William Collison*
 Wife

Father's Name *John Purdy* | Mother's Maiden Name *Mary Fowler*

Cause of Death { Primary *Influenza* | How long sick *8 days*
 Immediate *Pneumonia* *10* | Accident, Suicide, Homicide

Reported by *John Collison*

Address *South River Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret O'Keller Davis

Died at ^{Town} Shady Side ^{County} a. a. Co MARYLAND

Date 19 02 ^{Month} 3 ^{Day} 21 Age ^{Y.} - ^{M.} 7 ^{D.} - ^{Native of} Md ^{Occupation} _____

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____

Father's Name George H. Davis Mother's Name Alice Tongue
 Maiden Name _____

Cause of Death { Primary ~~Dyspnoea~~ Broncho Pneumonia / ~~How long sick~~ 1 Week
 Immediate ~~Dyspnoea~~ ~~Accident, Suicide, Homicide~~

Reported by Dr. C. R. Boyd

Address Shady Side Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5000

Name In Full

Certificate of Death

Fletcher

Died at *Annapolis*

Town

County *Ad*

County

MARYLAND

Date 19 *02* *March* *6th*

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name *George Fletcher*

Mother's

Maiden Name *Annie Fletcher*Cause of
Death { Primary

Immediate

How long sick

Still-born~~Accident, Suicide, Homicide~~Reported by *Annie Johnson Midwife*Address *Annapolis Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

McNeill W. French

Town

County

Died at

Annapolis Anne Arundel

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 20

Age

4

mol

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Wm. N. French

Maiden Name

Minie W. Woolfield

Cause of

Primary

Infant Lockjaw

How long sick

Since birth

Death

Immediate

Concussion

Accident, Suicide, Homicide

Reported by

Geo Wells M.D.

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Eliza Ellen Halloway

Town

County

MARYLAND

Died at

Halloway

a.d.

Date 19

02

Month

3

Day

15

Age

Y.

M.

D.

7

Native of

U.S.

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

Husband

~~Wife~~

Father's
Name

Mark Selloway

Mother's

Maiden Name

Unknown

Cause of

Primary

Convulsions

How long sick

7 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

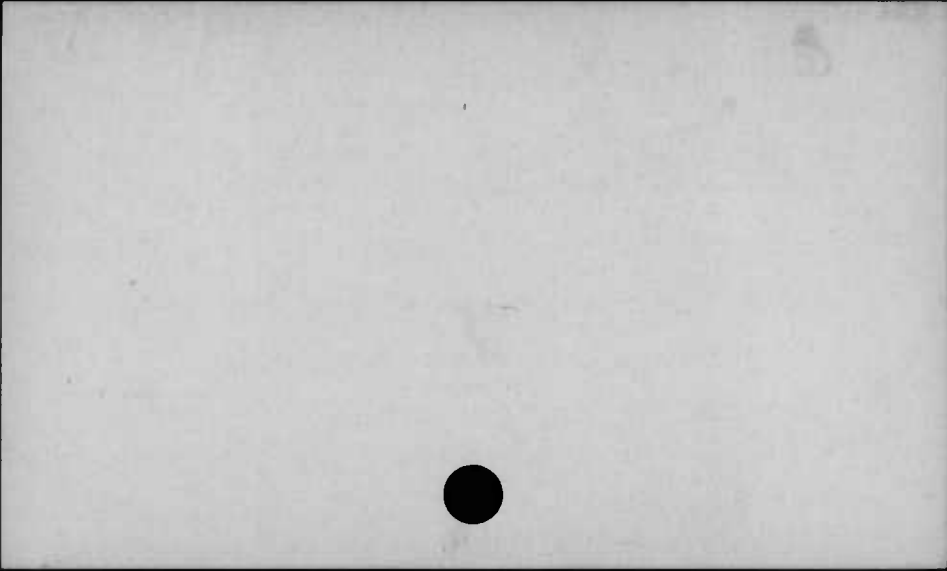
Lynch Walter Ratimer M A

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary M Graham

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date 19

02 March 27

Age

44 5 8

Native of

Ohio

Occupation

Farm Keeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of Henry P Graham

Wife

Father's

Name

Michael Keeler

Mother's

Maiden Name

Margaret Hall

Cause of

Primary

Metro-Peritonitis

How long sick

7 days

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

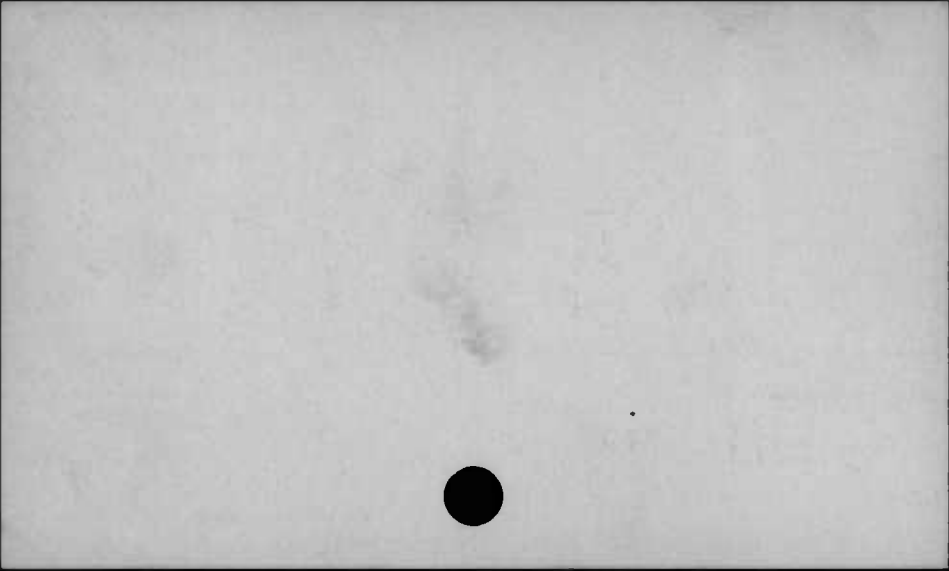
H R Walton

Address

116

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Gray

Died at ^{Town} 2^d district ^{County} Annerindel MARYLANDDate 19 02 ^{Month} mar. ^{Day} 14 ^{Y.} Age 9 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} —

Male	White	Married	Widow	Divorced	Number of children living
Female	Colored	Single	Widower		

Husband of

Wife

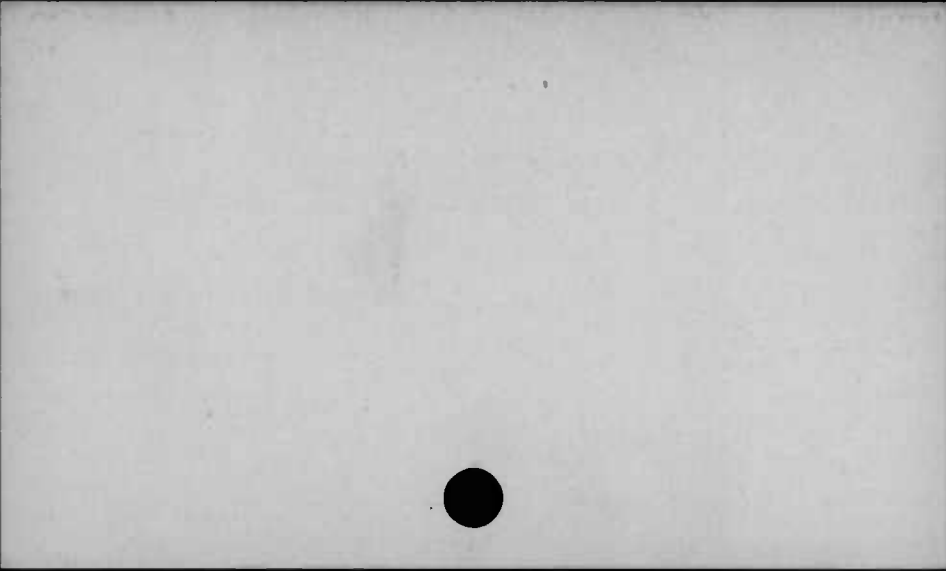
Father's Name	Henry Gray	Mother's Maiden Name	Cathine Williams
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Cause of Death	Primary	Consumption	How long sick	2 years
	Immediate		Accident, Suicide, Homicide	

Reported by Rev S Waters

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Grey

Died at ^{Town} *McHouse of Correction* - ^{County} *Frederick, A. D. Co.* MARYLANDDate 1902 ^{Month} *3* ^{Day} *20* ^{Y.} *1902* ^{M.} *1902* ^{D.} *1902* ^{Native of} *Va* ^{Occupation} *_____*

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name *Charles Grey*Mother's
Maiden Name *Not known*Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *5 months*
Immediate *Exhaustion* Accident, Suicide, HomicideReported by *C. J. Carver M.D.* Physician in charge of
Address *Frederick M.D.* *McHouse of Correction*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sophia Hilary
 Town *Jessup* County *Anne Arundel* MARYLAND
 Died at
 Date 1902 *3-28* Y. M. D. Age *60 yrs about* Native of *Mo* Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Benton Howard Jr

Town

County

MARYLAND

Died at Annapolis Anne Arundel

Month Day

Y. M. D.

Native of

Occupation

Date 1902 March 28 Age 0 0 1 Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's Name Thomas B. Howard

Mother's

Maiden Name Anne J. Claude

Cause of

Primary

Premature Birth

How long sick

one day

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. Cleaver Claude MD

Address

5 St. John

St. Annapolis, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Jones

Town

County

Died at

West River

Ad

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

8

Age

U.S.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Allen Jones

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption of lung

How long sick

5 years

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Smythwater Latimer M.D.

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Collins Jones
 Town County

Died at *West River**aa*

MARYLAND

Date 1902 *Mar* 1

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Mar 1Age *21**—**U.S.**Farmer*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widow~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Benj Jones

Mother's

Maiden Name

27

Cause of

Primary

Tuberculosis of lung

How long sick

1 yr 6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Guylvaeter Latimer M.D.

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daniel Jones

Town

County

MARYLAND

Died at

Annapolis

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 March 1911

Age

9

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm Jones

Mother's

Maiden Name

Irene Colburn

Cause of

Primary

Overland by Mother

How long sick

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Charles G. Feldmeyer

Address

Boroner

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Mallonee

Town

County

Died at

MARYLAND

Died at *Woodwardville* *Anne Arundel*
 Month Day *01* Y. M. D. Native of Occupation
 Date *1902 March 31* Age *3 8. 24* *Maryland*
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

 Husband
 of

 Wife
 Father's
 Name
Wm. Mallonee
 Mother's
 Name
Mary Elizabeth Mallonee

Cause of

Primary

Capillary Bronchitis and several

How long sick

weeks

Death

Immediate

Laryngitis

Accident, Suicide, Homicide

Reported by

Sam. H. Anderson M.D.

Address

Woodwardville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55889



Name in Full

Certificate of Death

Alvin Miller

Town

County

Died at

Fairfield

a a

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

24

Age

1.2.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Alvin Miller

Mother's

Name

Doris Miller

Cause of

Primary

Pneumonia

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

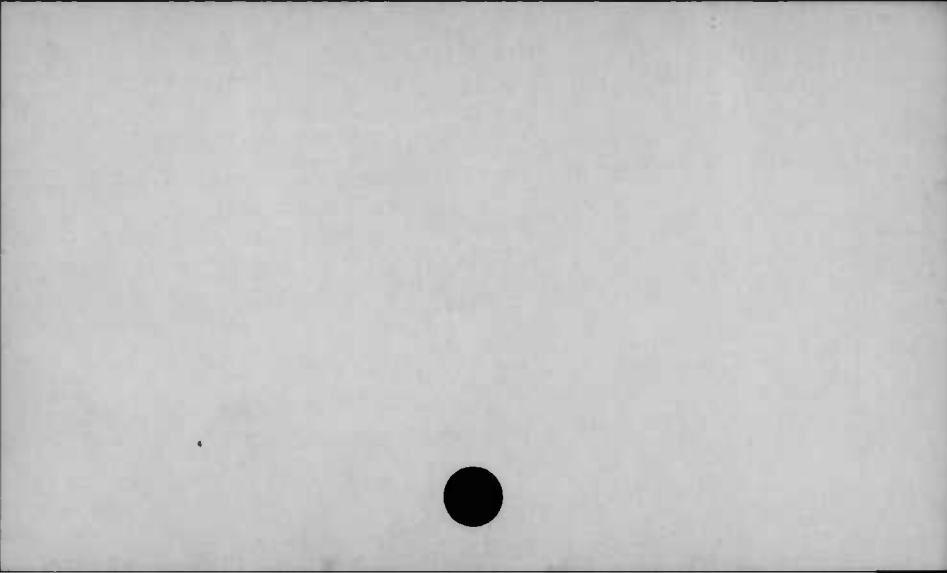
Reported by

Charles F. Brook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elizabeth Polusky

Died at Williams Town Anne Arundel County Maryland

Date 1902 Month 3 Day 13 Age 2 Y. M. D. Native of Anne Arundel Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Father's Name William Polusky 93 Mother's Maiden Name Frances Jakuski

Cause of Death { Primary Acute Inflammation of Lungs How long sick 3 days

Death { Immediate Accident, Suicide, Homicide

Reported by

Address

C. R. Winters - M.D.
Elkridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Charles L Primus

Town

County

Died at

Annapolis

C.C. Co.

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Mar 21

Age

46

Writer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Mary Primus 2

Louis Primus

Mother's

Name

Mary Primus

How long sick

3 months

Accident, Suicide, Homicide

Tuberculosis
Heart failure
W. Bishop M.D.

12 Church Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles L. Lucien

Town

County

Died at

Brooklyn

a.a

MARYLAND

Date

1802

Month

3

Day

- 12

Y.

M.

D.

33

-

-

Native of

Ma

Occupation

Labour

Date

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Elegia Lucene

Father's

Name

Daniel Lucien

Mother's

Name

Russella Lucien

Cause of

Primary

Natural

Death

Immediate

Exposure & Alcoholism

How long sick

50

Accident, Suicide, Homicide

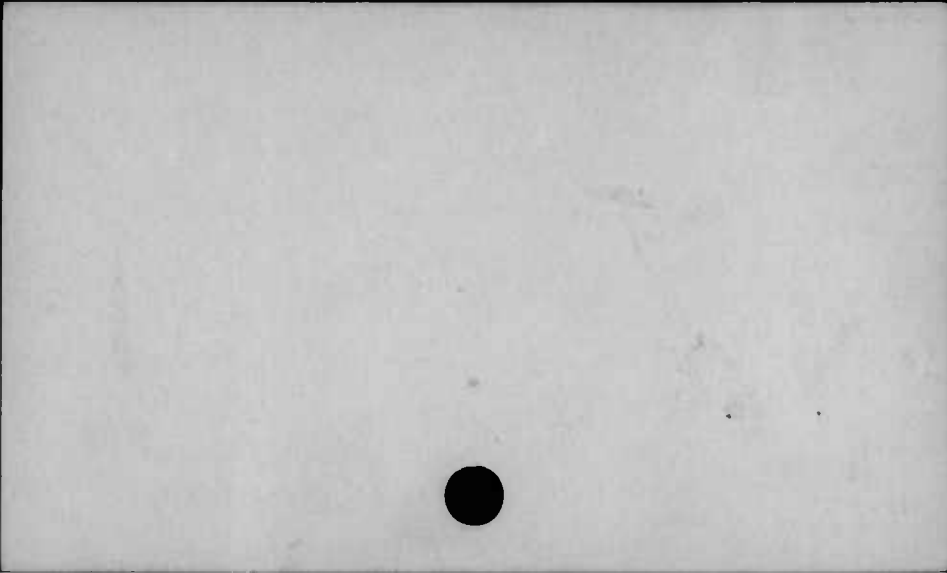
Reported by

Mr. L. Hawkins act Coroner

Address

Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah Green

Town

County

Ad

MARYLAND

Died at

Annapolis

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 March 9th

Age

56 yr

Mal

Gannher

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

Two.

Husband

of

William Green

Wife

Father's

Mother's

Name

Thomas West

Maiden Name

Rachel West

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John Ridout M.D.

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Barbara Riemensnyder

Town

County

Died at

MARYLAND

Date 1962	Month 8	Day 4	Age 52	Y. M. D.	Native of Md.	Occupation Housewife
Male	White	Married	Widow.	Divorced		
Female	Colored	Single	Widower		Number of children living 4	

Husband of

Wife of Chas Riemensnyder

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Lobar Pneumonia

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. H. T. Jones & J. P. Benson

Address

Elkridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md.



Name in Full

Certificate of Death

Raymond Riemensnyder

Town

County

Died at Hanover

Anne Arundel

MARYLAND

Date	1902	Month	3	Day	2	Y.	M.	D.	Age	21	Native of	Maryland	Occupation	Labourer
Male		White		Married		Widow		Divorced						
Female		Colored		Single		Widower								

Husband of
Wife

Father's Name	Chas. Riemensnyder	Mother's Maiden Name	Barbara Miller
---------------	--------------------	----------------------	----------------

Cause of Death	Primary	Lobar Pneumonia	How long sick	9 days.
Death	Immediate	Heart failure		Accident, Suicide, Homicide

Reported by	Dr. H. Tongue & J. B. Benson
Address	Elkridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Sands

Town

County

Died at

AnnapolisAd

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 19

0

2 March 1912

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Andrew J. Sands

Mother's

Maiden Name

Bertha Gorman

Cause of

Primary

Still-born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Sewell, S. Shepley M.D.

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Ellen Sharp

MARYLAND

Died at ^{Town} Dry Neck ^{County} aa

Date 1902 Mar 3

Age 42

Native of U.S.

Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living 8

Husband of Alfred Sharp

Wife

Father's Name Unknown

Mother's Name Unknown

Maiden Name

Cause of Primary Dortic stenosis

How long sick 3 months

Death Immediate

~~Accident, Suicide, Homicide~~

Reported by Guy Walter Ratimer MD

Address West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

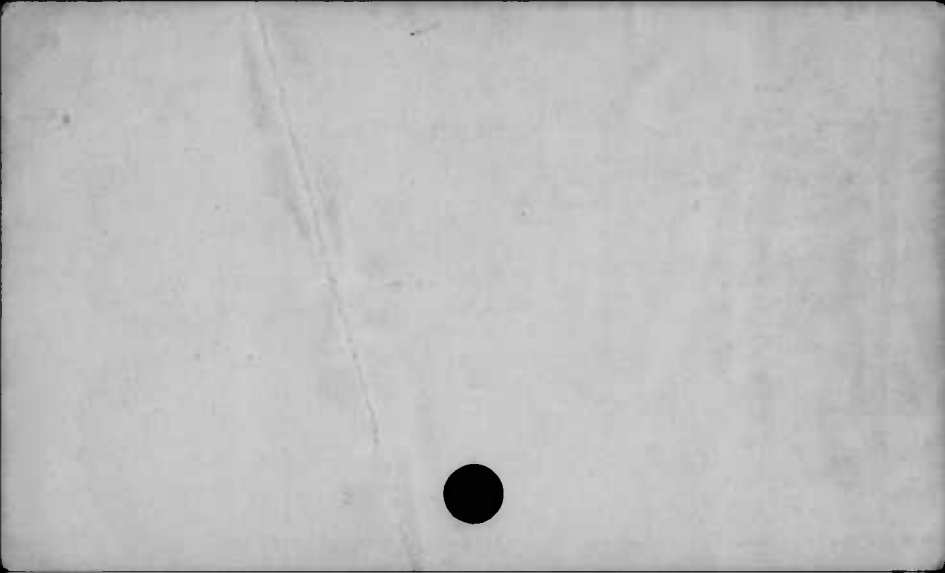
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Zucker

Town

County

Died at

Crisian

a.a.

MARYLAND

Date 1901

Month

Day

Y.

M.

D.

Native of

Occupation

3

6

Age

19-0-8

U.S.

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Bened Zucker

Mother's

Maiden Name

Martha S Owens

Cause of

Primary

Heart disease

How long sick

immediate

Death

Immediate

Accident, Suicide, Homicide

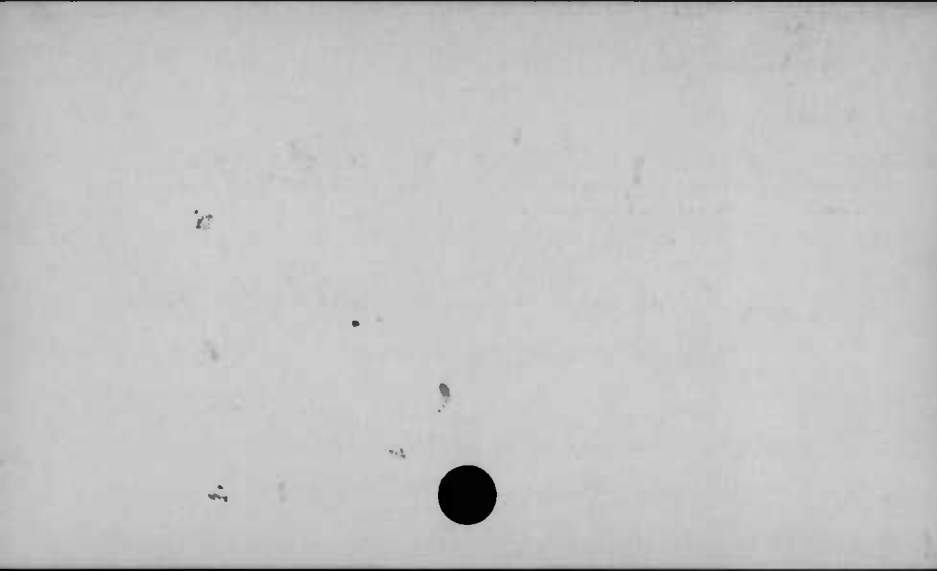
Reported by

Samuel Zucker M.D.

Address

Crisian ● Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas Turner

Town

County

Died at

Cumbestone

aa

MARYLAND

Date 19

02

Month

3

Day

51

Age

Y.

M.

D.

78

Native of

U.S.

Occupation

Waiter

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

—

Husband

of

Louise Turner

Wife

Father's

Name

Henry Turner

Mother's

Maiden Name

Unknown

Cause of

Primary

Cardiac Dilatation

How long sick

3 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Esmy Walter Latimer MD

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Vatchel Waters

Town

County

MARYLAND

Died at

2nd dist A St

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 13

Age

81 --

ma

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband of

Wife

Father's Name

unknown

Mother's

unknown

Maiden Name

Cause of

Primary

old age

How long sick

Death

Immediate

154

Accident, Suicide, Homicide

Reported by

E. J. Worthington

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Virginia William

95

Died at Tollen Town Anna Amode County

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 1902 May 19 50 50 Mayland Housekeeper
☒ Male White ☒ Married Widow Divorced
☐ Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Congestion of lungs
 Immediate Heart failure
 How long sick 3 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of